

BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY



Louis LaTorre, Director/Social Services  
Division: Community Services

Meeting Date: 6-16-04

Bulk Item: Yes X No \_\_\_\_\_

Department: Social Services

**AGENDA ITEM WORDING:** Approval of Modification #001 to Contract #04EA-4P-11-54-01-019 Between Monroe County and Florida Department of Community Affairs, concerning Low Income Home Energy Assistance Program funds.

**ITEM BACKGROUND:** This is a cost reimbursement Agreement. All other provisions of the Contract not in conflict with this modification remain in full force and effect. This Modification is for an increase of \$33,545 in addition to the \$73,848 current FY2004/2005 LIHEAP allocation. Funds provided by the program are available to qualified households for the payment of home heating and/or cooling costs.

**PREVIOUS RELEVANT BOCC ACTION:** On March 17, 2004 the Board of County Commissioners granted approval and authorized execution of Contract No. 04EA-4P-11-54-01-019.

**CONTRACT/AGREEMENT CHANGES:** An increase in funding for the 2004/2005 LIHEAP Program (Low Income Home Energy Assistance Program).

**STAFF RECOMMENDATIONS:** Approval

**TOTAL COST:** \$107,393

**BUDGETED:** Yes X No \_\_\_\_\_

**COST TO COUNTY:** N/A

**SOURCE OF FUNDS:** Grant Funds

**REVENUE PRODUCING:** Yes \_\_\_\_\_ No X

**AMOUNT PER MONTH:** N/A

**YEAR:** N/A

**APPROVED BY:** County Attorney [Signature] OMB/Purchasing [Signature]

☒ Risk Management [Signature]

**DIVISION DIRECTOR APPROVAL:** [Signature]

**DIVISION DIRECTOR:**

James E. Malloch, Division Director/Community Services


**DOCUMENTATION:** Included: X To Follow: \_\_\_\_\_ Not Required: \_\_\_\_\_

**DISPOSITION:** \_\_\_\_\_ Agenda Item #: C16

**MONROE COUNTY BOARD OF COUNTY COMMISSIONERS**

**CONTRACT SUMMARY**

Contract # 04EA-4P-11-54-01-019/Mod#001



Louis LaTorre

Contract with: \_\_\_\_\_ Department of Community Affairs

Effective Date: 4/1/04

Expiration Date: 3/31/05

Contract Purpose/Description: Low-Income Home energy Assistance Program Agreement, provides funds to assist eligible households in meeting the cost of home energy. There has been an increase in the base allocation.

Contract Manager: Louis LaTorre

(Name)

4573

(Ext.)

Social Services/Stop 1

(Department)

for BOCC meeting on 6-16/2004

Agenda Deadline: 6/01/04

**CONTRACT COSTS**

Total Dollar Value of Contract: \$ \_\_\_\_\_ Current Year Portion: \$107,393

Budgeted ? Yes X No \_\_\_\_\_

Account Codes: 125-6153504XXXXX- \_\_\_\_\_ - \_\_\_\_\_

Grant: \$107,393.00

County Match: N/A

**ADDITIONAL COSTS**

Estimated Ongoing Costs: \$ N/A  
(Not included in dollar value above)

For: N/A  
(e.g. maintenance, utilities, janitorial, salaries, etc.)

**CONTRACT REVIEW**

	Date In	Changes Needed Yes No	Reviewer	Date Out
Division Director	<u>6/1/04</u>	( ) (X)	<u>Jim Malachuk</u>	<u>6/1/04</u>
Risk Management	<u>6/1/04</u>	( ) (X)	<u>B. J. [Signature]</u>	<u>6/1/04</u>
O.M.B./Purchasing	<u>6/1/04</u>	( ) (X)	<u>[Signature]</u>	<u>6/1/04</u>
County Attorney	<u>5/28/04</u>	( ) (X)	<u>Suzanne A. Hutton</u> <u>SAH</u>	<u>5/28/04</u>

Comments: \_\_\_\_\_

MODIFICATION OF AGREEMENT  
BETWEEN  
FLORIDA DEPARTMENT OF COMMUNITY AFFAIRS  
AND  
MONROE COUNTY BOARD OF COUNTY COMMISSIONERS

This Modification is made and entered into by and between the State of Florida, Department of Community Affairs, ("the Department"), and MONROE COUNTY BOARD OF COUNTY COMMISSIONERS, the ("Recipient") to modify DCA Contract Number 04EA-4P-11-54-01-019, ("the Agreement").

WHEREAS, the Department and the Recipient have entered into the Agreement, pursuant to which the Department has provided a grant of \$73,848 to Recipient; and

WHEREAS, additional funds have become available to increase the amount of the funding granted to the Recipient.

NOW, THEREFORE, in consideration of the mutual promises of the parties contained herein, the parties agree as follows:

1. Paragraph (16)(a) Funding/Consideration is hereby modified to read as follows:

"This is a cost-reimbursement Agreement. The Recipient shall be reimbursed for costs incurred in the satisfactory performance of work hereunder in an amount not to exceed \$107,393 subject to the availability of funds and appropriate budget authority." This amended contract amount includes:

- |      |                 |  |
|------|-----------------|--|
| 1.   | <u>\$73,848</u> | Current FFY 2003-2004 LIHEAP contract allocation |
| 2. + | <u>\$31,442</u> | Increase in Base Allocation                      |
| 3. + | <u>\$2,103</u>  | Contingency Funds                                |

2. Attachment I (Budget Summary and Workplan) is hereby deleted in its entirety and replaced with Amended Attachment I.
3. Attachment J (Budget Detail) is hereby deleted in its entirety and replaced with Amended Attachment J.
4. Attachment K (Multi-County Fund Distribution) is hereby deleted in its entirety and replaced with Amended Attachment K.
5. All provisions of the Agreement being modified and any attachments thereto in conflict with this Modification shall be and are hereby changed to conform with this Modification, effective as of the date of the last execution of this Modification by both parties.
6. All provisions not in conflict with this Modification remain in full force and effect, and are to be performed at the level specified in the Agreement.

IN WITNESS WHEREOF, the parties hereto have executed this document as of the dates set out herein.

RECIPIENT MONROE COUNTY BOARD OF  
COUNTY COMMISSIONERS

STATE OF FLORIDA

By: \_\_\_\_\_

By: \_\_\_\_\_

(Title)  
Murray E. Nelson, Mayor

Janice Browning, Director  
Division of Housing and Community Development

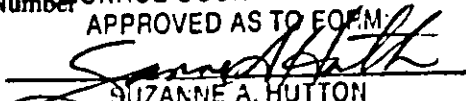
Date: 6/17/04

Date: \_\_\_\_\_

59-6000749

Federal Identification Number MONROE COUNTY ATTORNEY

APPROVED AS TO FORM

  
SUZANNE A. HUTTON  
ASSISTANT COUNTY ATTORNEY  
6/18/04

**LIHEAP  
REVISED ATTACHMENT I  
BUDGET SUMMARY AND WORKPLAN**

**RECIPIENT:**

**I. BUDGET SUMMARY**

A. LIHEAP FUNDS ONLY	B. Last Approved Budget Amount	C. Increase in Base Allocation	D. Contingency Funds	E. TOTAL Modified Budget (Col. B + C + D)
<b>1. TOTAL FUNDS</b>	73,848	31,442	2,103	107,393
<b>ADMINISTRATIVE EXPENSE</b> (Cell 2E cannot exceed 7.5% of Cell 1E)				
2. Salaries including: Fringe, Rent, Utilities, Travel, Other	4,000	4,055		8,055
<b>OUTREACH EXPENSE</b> (Cell 3E cannot exceed Cell 1E minus Cell 2E times .15)				
3. Salaries including: Fringe, Rent, Utilities, Travel, Other	-	-		-
<b>DIRECT CLIENT ASSISTANCE</b>				
4. Home Energy Assistance (Cell 4E must be at least 25% of Cell 1E)	18,471	8,378		26,849
5. Crisis Payments	49,900	18,380		68,280
6. Weather Related/Supply Shortage (Cell 6E must be at least equal to Cell 6B + 2% of Cell 1C + 1D)	1,477	629	2,103	4,209
7. Subtotal Direct Client Assistance (Lines 4+5+6)	69,848	27,387	2,103	99,338
<b>LEVERAGING FUNDS ONLY</b>				
8. Home Energy Assistance	-			-
9. Crisis Assistance	-			-
10. TOTAL LEVERAGING (Lines 8 + 9)	-			-
11. GRAND TOTALS (Lines 2 + 3 + 7 + 10) Must agree with line 1.	73,848	31,442	2,103	107,393

**II. DIRECT CLIENT ASSISTANCE WORKPLAN**

Type of Assistance	Estimated # of Households		Estimated Cost Per Household	Estimated Expenditures (Estimated # of Households X Estimated Cost Per Household) Amounts must agree with Column E above.
	Previous	Amended		
<b>LIHEAP (Direct Client Assistance (Lines 4, 5, and 6))</b>				
Home Energy	184	270	100	26,849
Crisis	250	341	200	68,280
Weather Related/Supply Shortage	5	14	300	4,209
TOTAL	439	627		
<b>LEVERAGING (Lines 8 and 9)</b>				
Home Energy				
Crisis				
TOTAL				

**LIHEAP  
ATTACHMENT J**

**III. ADMINISTRATIVE AND OUTREACH EXPENSE BUDGET DETAIL (Lines 2-3)**

Line Item Number	EXPENDITURE DETAIL (Round up line items to dollars. Do not use cents and decimals in totals)	LIHEAP FUNDS
	<u>ADMINISTRATIVE EXPENSES</u>	
2.	A. TRAVEL	1,000
2.	B. OTHER	7,055
	(1) Phone / Postage 950	
	(2) Rental / Copy 2,305	
	(3) Office Supplies 1,800	
	(4) Operating Supplies 1,000	
	(5) Printing 1,000	
	TOTAL ADMINISTRATIVE EXPENSES	8,055
	<u>OUTREACH EXPENSES</u>	
	<u>DIRECT CLIENT ASSISTANCE</u>	N / A
4.	Home Energy Assistance	26,849
5.	Crisis Payments	68,280
6.	Weather Related / Supply	4,209
	TOTAL DIRECT CLIENT ASSISTANCE	99,338
	GRAND TOTAL	107,393

**LIHEAP  
AMENDED ATTACHMENT K  
MULTI-COUNTY FUND DISTRIBUTION**

In the form below, describe upon what basis you plan to equitably allocate LIHEAP resources to each of the counties you serve. This plan must be at least in part based on the 150% poverty population of each county. Provide reasoning and numeric justification for distribution plan.

COUNTY	ALLOCATION	% OF AGENCY'S DIRECT CLIENT ASSISTANCE DOLLARS ALLOCATED TO THIS COUNTY	BASIS FOR DISTRIBUTION/CALCULATION USED TO DETERMINE ALLOCATION
		%	N/A
		%	
		%	
		%	
		%	
		%	
		%	
		%	
		%	
		%	
		%	
<b>Total Budgeted Direct Client Assistance</b>	<b>\$</b>	<b>%</b>	